

HAWAII STATE ETHICS COMMISSION

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	(Type or F	rint Clearly)	21VIE ETUICO commionou
PART I LOBBYIST			<u> </u>
NAME (Last)	(First)	(Middle)	TELEPHONE
Hayashi	Clyde	T.	808-845-3238 ext 252
MAILING ADDRESS (Street)			FAX 808-845-8300
1617 Palama Street			EMAIL cthlecet@hawaii.rr.com
(City)	(State)		(Zip Code)
Honolulu	HI		96817
EMPLOYING ORGANIZATION (Fill in only if	t to lobby) TELEPHONE		
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)

PART II ORGANIZATION	TELEBRONE		
NAME OF ORGANIZATION YOU I	FAX 808-845-8300 EMAIL cthlecet@hawaii.rr.com		
Hawaii Laborers-Employe			
MAILING ADDRESS (Street)			
1617 Palama Street			
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Peter Lee		808-845-3238 ext.253	
MAILING ADDRESS (Street)		FAX 808-845-8300	
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	OF SUBJECTS UPON WH	······	BBY
Agriculture	✓ Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relation International Affairs	s, 🗹 Tourism & Recreation
Consumer Protection & Commerce	Mawaiian Affairs	√ Labor & Employment	✓ Transportation
Culture, Arts, Historic Preservation	√ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	✓ Housing	✓ Public Safety & Corrections	· · · · · · · · · · · · · · · · · · ·
PART IV CERTIFICATION	ON OF LOBBYIST		•
I hereby certify that th	ne information furnished abov	e is, to the best of my know	ledge, correct and complete.
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OG / N			E-MAILED JAN 1 5 2013
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Clyde T. Hayashi	Director		
NAME OF ORGANIZATION (if	applicable)		TELEPHONE
Hawaii Laborers-Employers Cooperation and Education Trust (LECET)			808-845-3238 ext 252
MAILING ADDRESS (Street)			FAX 808-845-8300
1617 Palama Street	alama Street		EMAIL cthlecet@hawaii.rr.com
(City)	(State)		(Zip Code)
Honolulu	Н		96817
I hereby authorize the	above - named person to er	ngage in lobbying activities	on behalf of the undersigned.
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(Date)

(Signature of Authorizing Officer or Person Represented)